

**ENTRY BLANK—PLEASE TYPE OR PRINT**

P/H

- Ms./Artist  
 Mr./Artist

DONNA WEBB

(last name last)

Permanent  
Address

729 CHITY AVE AKRON

Street

City

44303

Daytime Tel.

216, 384-2615

Zip

area

Temporary or  
Studio Address

ART DEPT 4<sup>th</sup> FLOOR  
150 E. EXCHANGE AKRON

Street

City

44305

Daytime Tel. ( )

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county where you born? \_\_\_\_\_

Collaborator (if any) \_\_\_\_\_

If May Show entries are not accepted or are not sold:

- Artist will pick up at Museum.  
 Museum should dispose of.  
 Museum should ship to artist at artist's expense:

\_\_\_\_\_ Street

City

State

Zip

### Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

Donna Webb

I have received the unsold/unaccepted object(s) in good condition.

Signature

Chris Myers

## ENTRY BLANKS

<b>A</b>	<input type="checkbox"/> Paintings	<input type="checkbox"/> Graphics	<input type="checkbox"/> Photography
	<input type="checkbox"/> Sculpture	<input checked="" type="checkbox"/> Crafts	(specify category)

Materials used (media):

GLAZED CLAY (STONEWARE)

Title ~~?PEACHES~~ TABLE  
~~PEACHES FIVE FIRE~~

Price or NFS 700 <del>00</del>	Insurance Value if NFS Only	Size <del>21"X17"X10"</del> height x width x depth
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## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
ACCEPTED <input checked="" type="checkbox"/>	DO NOT WRITE IN THIS SECTION		ACCEPTED <input checked="" type="checkbox"/>
NOT ACCEPTED	5 P/P		NOT ACCEPTED

<b>B</b>	<input type="checkbox"/> Paintings	<input type="checkbox"/> Graphics	<input type="checkbox"/> Photography
	<input type="checkbox"/> Sculpture	<input checked="" type="checkbox"/> Crafts	(specify category)

Materials used (media):

GLAZED CLAY (STONEWARE)

Title ~~daycare~~  
~~The TWINS ause towards me another~~

Price or NFS 700 <del>00</del>	Insurance Value if NFS Only	Size <del>16"X9"X5"ea</del> height x width x depth
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## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
ACCEPTED <input checked="" type="checkbox"/>	DO NOT WRITE IN THIS SECTION		ACCEPTED <input checked="" type="checkbox"/>
NOT ACCEPTED	6 P/P at b	RECEIVED <input checked="" type="checkbox"/>	DATE 3-17

Detach entire portion along dotted line and submit with slides, but retain tags

1987 MAY SHOW  
The Cleveland Museum of Art  
Cleveland, Ohio 44106

DONNA WEBB

Name

729 CHERRY AVE

Address

AKRON, OH 44303.

City & State

Zip

**NOTIFICATION #2*****Do Not  
Detach*****A**

- Paintings       Graphics       Photography  
 Sculpture       Crafts

Title

**PTAHS FIUE FIRE**

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
5 P/P	X	

**B**

- Paintings       Graphics       Photography  
 Sculpture       Crafts

Title

**The Twins**

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
6 P/P at&t	X	

***Return of Objects******Not Accepted: April 14-18******Accepted: June 9-13***

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.